



Department of Health and Human Services
Regulation and Licensure – Credentialing Division
P.O. Box 94986, Lincoln, NE 68509-4986 Phone: 402-471-9607

Application
Fee

Make payable to:
HHSR&L

Inpatient:	
1 - 16 beds	\$250
17 - 50 beds	\$275
51 or more beds	\$300

LICENSE APPLICATION

Mental Health Center

IDENTIFYING INFORMATION

1. Name and Address of Facility: _____
2. Preferred Mailing Address (if different from facility address) _____

Administrator: _____
Telephone Number: _____
Fax Number: _____
E-Mail Address: _____

3. # of Inpatient Beds: _____
4. Planned Occupancy Date: _____

5. Federal Employer Identification Number of Facility: _____
6. Accreditation/Certification: ☐ JCAHO ☐ CARF ☐ COA Are you requesting deemed status? ☐ yes ☐ no
7. Specify any special care and treatment to be provided: Please check below:
☐ Adolescent ☐ Gender Limited ☐ Other, specify: _____

OWNERSHIP INFORMATION

8. Owner's Name: _____
Mailing Address: _____

SSN of Owner (if individual) _____

9. Business Organization: (check one) Attach a list of names & addresses of all persons in control of the facility

- ☐ Sole Proprietorship
☐ Partnership
☐ Limited Partnership
☐ Corporation
☐ Limited Liability Company
☐ Governmental (☐ State, ☐ District, ☐ County, ☐ City or Municipal)
☐ Other (please specify) _____

(check one)

☐ Profit ☐ Non-Profit

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health and Human Services Regulation and Licensure and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application are true and correct and I/we hereby apply for a license.

PLEASE NOTE: Neb. Rev. Stat. Section 71-422 requires that applications shall be signed by:

- the owner, if the applicant is an individual or partnership,
- two of its members, if the applicant is a limited liability company,
- two of its officers, if the applicant is a corporation, or
- the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

Authorized Representative – Type or Print

Signature

Date

Authorized Representative – Type or Print

Signature

Date